

**SALES DISCLOSURE FORM**

State Form 46021 (R11/12-11)

Prescribed by Department of Local Government Finance  
Pursuant to IC 6-1.1-5.5PRIVACY NOTICE: The telephone numbers and Social Security numbers of the parties on this form are confidential  
according to IC 6-1.1-5.5-3(d).

SDF ID

County	Year	Unique ID
SDF Date: _____		

**PART 1 – To be completed by BUYER/GRANTEE and SELLER/GRANTOR****A. PROPERTY TRANSFERRED – MUST BE CONVEYED ON A SINGLE CONVEYANCE DOCUMENT**

1. Property Number	Check box if applicable to parcel	5. Complete Address of Property	6. Complete Tax Billing Address (if different from property address)
A.) 79-02-36-200-009.000-023	<input checked="" type="checkbox"/> 2. Split <input checked="" type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement	500 N West Lafayette, IN 47906	

7. Legal Description of Parcel A: PT NE SEC 36 TWP 24 R5 1.47 A

B.)	<input type="checkbox"/> 2. Split <input type="checkbox"/> 3. Land <input type="checkbox"/> 4. Improvement		
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7. Legal Description of Parcel B:

**B. CONDITIONS – IDENTIFY ALL THAT APPLY**

If condition 1 applies, filer is subject to disclosure and a disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. A transfer of real property interest for valuable consideration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Buyer is an adjacent property owner.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Vacant land.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Exchange for other real property ("Trade").
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Seller paid points. (Provide the value Table C Item 12.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Change planned in the primary use of the property? (Describe in special circumstances in Table C Item 3.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Existence of family or business relationship between buyer and seller. (Complete Table C Item 4.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Land contract. Contract term (YY): _____ and contract date (MM/DD/YYYY): _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Personal property included in transfer. (Provide the value Table C Item 5.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Physical changes to property between March 1 and date of sale. (Describe in special circumstances in Table C Item 3.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Partial interest. (Describe in special circumstances in Table C Item 3.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Easements or right-of-way grants.

**C. SALES DATA – DISCLOSE VALUE OF ITEMS LISTED IN TABLE B, ITEMS 1-15**

1. Conveyance date (MM/DD/YYYY): \_\_\_\_\_

2. Total number of parcels: \_\_\_\_\_ 1

3. Describe any unusual or special circumstances related to this sale, including the specification of any less-than-complete ownership interest and terms of seller financing.  
American Suburban Utilities seeks a permanent easement  
of 0.239 acres and a temporary easement of 0.164 acres  
for purposes of improvement on its sewer project

YES	NO	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	4. Family or business relationship existing between buyer and seller? Amount of discount: \$ _____

Disclose actual value in money, property, a service, an agreement, or other consideration.

If conditions 13-15 apply, filers are subject to disclosure, but no disclosure filing fee.

YES	NO	CONDITION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Document for compulsory transactions as a result of foreclosure or express threat of foreclosure, divorce, court order, judgment, condemnation, or probate.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Documents involving the partition of land between tenants in common, joint tenants, or tenants by the entirety.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Transfer to a charity, not-for-profit organization, or government.

5. Estimated value of personal property:	\$
6. Sales price:	\$ 255.00

YES	NO	CONDITION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Is the seller financing sale? If yes, answer questions (8-13).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Is buyer/borrower personally liable for loan?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Is this a mortgage loan?
10. Amount of loan:		\$
11. Interest rate:		%
12. Amount in points:		\$
13. Amortization period:		

**D. PREPARER**Eric H. Burns (4032-79)*Preparer of the Sales Disclosure Form*8 N. Third Street, Suite 401*Address (Number and Street)*Lafayette, IN 47901*City, State, and ZIP Code*Attorney at Law*Title*Withered Burns, LLP*Company*765-742-1988*Telephone Number*eburns@witheredlaw.com*E-mail***E. SELLER(S)/GRANTOR(S)**City of West Lafayette, Indiana*Seller 1 - Name as appears on conveyance document*609 W. Navajo*Address (Number and Street)*West Lafayette, IN 47906*City, State, and ZIP Code**Telephone Number**E-mail**Seller 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act".**

*Signature of Seller**Printed Name of Seller**Sign Date (MM/DD/YYYY)**Signature of Seller**Printed Name of Seller**Sign Date (MM/DD/YYYY)***F. BUYER(S)/GRANTEE(S) - APPLICATION FOR PROPERTY TAX DEDUCTIONS- IDENTIFY ALL ITEMS THAT APPLY**American Suburban Utilities, Inc., an Indiana corporation*Buyer 1 - Name as appears on conveyance document*3350 W. 205 N.*Address (Number and Street)*West Lafayette, IN 47906*City, State, and ZIP Code*765-463-3856*Telephone Number**E-mail**Buyer 2 - Name as appears on conveyance document**Address (Number and Street)**City, State, and ZIP Code**Telephone Number**E-mail*

**THE SALES DISCLOSURE FORM MAY BE USED TO APPLY FOR CERTAIN DEDUCTIONS FOR THIS PROPERTY. IDENTIFY ALL OF THOSE THAT APPLY.**

YES NO CONDITION

- ☐ ☒ 1. Will this property be the buyer's primary residence? Provide complete address of primary residence, including county:

*Address (Number and Street)**City, State ZIP Code**County*

- ☐ ☒ 2. Does the buyer have a homestead in Indiana to be vacated for this residence? If yes, provide complete address of residence being vacated, including county:

*Address (Number and Street)**City, State ZIP Code**County*

YES NO CONDITION

- ☐ ☒ 3. Homestead
- ☐ ☒ 4. Solar Energy Heating/Cooling System
- ☐ ☒ 5. Wind Power Device
- ☐ ☒ 6. Hydroelectric Power Device
- ☐ ☒ 7. Geothermal Energy Heating/Cooling Device
- ☐ ☒ 8. Is this property a residential rental property?
- ☐ ☒ 9. Would you like to receive tax statements for this property via e-mail? (Provide contact information below. Please see instructions for more information. Not available in all counties.)

*Primary property owner contact name**E-mail*

**Under penalties of perjury, I hereby certify that this Sales Disclosure, to the best of my knowledge and belief, is true, correct and complete as required by law, and is prepared in accordance with IC 6-1.1-5.5, "Real Property Sales Disclosure Act". (Note: Spouse information, Social Security and Driver's License/Other numbers are not necessary if no Homestead Deduction is being filed.)**

*Signature of Buyer1*Scott Lods, President*Printed Legal Name of Buyer 1**Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 1 Driver's License/ID/Other Number*    *State*    *Last 5 Digits of Social Security Number*

*Signature of Buyer2/Spouse**Printed Legal Name of Buyer 2/Spouse**Sign Date (MM/DD/YYYY)*

*Last 5 digits of Buyer 2/Spouse Driver's License/ID/Other Number*    *State*    *Last 5 Digits of Social Security Number*

**PART 2 - COUNTY ASSESSOR**

The county assessor must verify and complete items 1 through 14 and stamp the sales disclosure form before sending to the auditor:

1. Property	2. AV Land	3. AV Improvement	4. Value of Personal Property	5. AV Total	6. Property Class Code	7. Neighborhood Code	8. Tax District	9. Acreage
A.)								
B.)								

  

Assessor Stamp	10. Identify physical changes to property between March 1 and date of sale. _____ _____ _____ _____ _____	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>CONDITION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11. Is form completed?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12. State sales fee required?</td> </tr> <tr> <td colspan="3">13. Date of sale (MM/DD/YYYY): _____</td> </tr> <tr> <td colspan="3">14. Date form received (MM/DD/YYYY): _____</td> </tr> </tbody> </table>	YES	NO	CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	11. Is form completed?	<input type="checkbox"/>	<input type="checkbox"/>	12. State sales fee required?	13. Date of sale (MM/DD/YYYY): _____			14. Date form received (MM/DD/YYYY): _____		
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Items 15 through 18 are to be completed by the assessor when validating this sale:

15. If applicable, identify any additional special circumstances relating to validation of sale. _____ _____ _____ _____ _____ _____ _____	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>CONDITION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16. Sale valid for trending?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>17. Validation of sale complete?</td> </tr> <tr> <td colspan="3">18. Validated by: _____</td> </tr> </tbody> </table>	YES	NO	CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	16. Sale valid for trending?	<input type="checkbox"/>	<input type="checkbox"/>	17. Validation of sale complete?	18. Validated by: _____		
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**PART 3 - COUNTY AUDITOR**

Auditor Stamp	1. Disclosure fee amount collected: \$ _____	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>CONDITION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6. Is form completed?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7. Is state fee collected?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8. Attachments complete?</td> </tr> </tbody> </table>	YES	NO	CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	6. Is form completed?	<input type="checkbox"/>	<input type="checkbox"/>	7. Is state fee collected?	<input type="checkbox"/>	<input type="checkbox"/>	8. Attachments complete?
	YES		NO	CONDITION										
	<input type="checkbox"/>		<input type="checkbox"/>	6. Is form completed?										
	<input type="checkbox"/>		<input type="checkbox"/>	7. Is state fee collected?										
	<input type="checkbox"/>		<input type="checkbox"/>	8. Attachments complete?										
2. Other Local Fee: \$ _____														
3. Total Fee Collected: \$ _____														
4. Auditor receipt book number: _____														
5. Date of transfer (MM/DD/YYYY): _____														

**PART 4 - RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION**

SDF ID _____	SDF Date (MM/DD/YYYY) _____	Buyer 1 - Name as appears on conveyance document _____
Parcel Number _____		Address of Property (Number and Street) _____
Check all that apply:		City, State, and ZIP Code of Property _____
<input type="checkbox"/> Homestead <input type="checkbox"/> Solar Energy <input type="checkbox"/> Wind Power <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Rental Property <input type="checkbox"/> Electronic Statement (e-mail) _____		Auditor Signature _____ Date (MM/DD/YYYY) _____

A person who knowingly and intentionally falsifies value of transferred real property, or omits or falsifies any information required to be provided in the sales disclosure form commits a Class C felony.